



CONSOLIDATED COMMUNITY BENEFIT UPDATE AND PLAN
September 2015 – August 2016

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The Office of Statewide Health Planning and Development
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Our Mission and Vision

Mission

To improve the health status of the community. To promote medical education.

Vision

To serve the community as the provider, practice location and employer of choice – establishing Community Medical Centers as the leader in clinical excellence, technological innovation, quality service, superb facilities and compassionate care.

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I. Introduction and Organizational Overview

From our humble beginning in 1897 – when Fresno physicians formed a private hospital by joining forces with Celia Burnett, the proprietor of an already successful boarding house – to the construction of an academic regional medical center and expansion of Clovis Community Medical Center, Community Medical Centers’ rich history spans more than a century of commitment to the Central Valley and its residents.

Who we are

Community Medical Centers (Community) is a locally owned, not-for-profit, public-benefit organization based in Fresno, California. Community is the region's largest healthcare provider and private employer. We operate a physician residency program with one of the nation’s top medical schools, the University of California, San Francisco.

With more than 8,000 employees, 1,300 affiliated physicians and nearly 1,000 volunteers, Community serves a 15,000-square-mile area that includes Fresno, Madera, Tulare, and Kings counties — and beyond.

We operate four hospitals — Community Regional Medical Center, Clovis Community Medical Center, Fresno Heart & Surgical Hospital and Community Behavioral Health Center — as well as several long-term care, outpatient, and other healthcare facilities.

Community is home to the only combined Level 1 trauma center and comprehensive burn center between Los Angeles and Sacramento. We also serve as the area’s main “safety net” provider, providing care to our region’s most vulnerable populations.

This consolidated report is submitted on behalf of the system of hospitals and providers that are part or partners of the Community Medical Centers system.

Hospitals

Clovis Community Medical Center
Community Regional Medical Center
Fresno Heart & Surgical Hospital
Community Behavioral Health Center

Outpatient centers

Advanced Medical Imaging
California Cancer Center
Community Health Center-Sierra
Ambulatory Care Center

Long-term care center

Community Subacute & Transitional Care Center

Hospitality home

Terry’s House

Affiliations

Central California Faculty Medical Group Inc.
Community Medical Providers
Santé Community Physicians
University of California, San Francisco School of Medicine
University of the Pacific
Samuel Merritt College

Specialty centers

Advanced Diagnostic Testing Center
Charles and Ann Matoian Oncology Unit
Deran Koligian Ambulatory Care Center
Disease Management Center
Leon S. Peters Burn Center
Leon S. & Pete P. Peters Future Generations Center
Leon S. Peters Rehabilitation Center
Marjorie E. Radin Breast Care Center
Neuroscience Center
Stroke Center
Surabian Dental Care Center
Table Mountain Rancheria Trauma Center
Wound Care Center

Accreditation

Every three years, the Joint Commission inspects participating hospitals to gauge the quality of care. Community's hospitals are fully accredited.

Governance

Community is governed by a volunteer Board of Trustees comprised of local civic leaders and physicians who collectively represent nearly 70 years of service to the organization. The Trustees set the vision and policy direction for the organization and approve the organization's strategic, business and financial plans.

II. Commitment to Community Benefits

Community Medical Centers' commitment to community benefit is evidenced at every level of the organization. Our mission statement is built on community investment, improving the health of those we serve, and improving the health of this community that our over 10,000 employees, physicians, volunteers and 557,000 patients call "home." And in fact, over the past two decades, no other hospital organization in the San Joaquin Valley has invested more to ensure access to all patients of this growing region.

The Board of Trustees routinely reviews the organization's community needs assessment results, the annual community benefit report, and our impact in the areas of greatest need. The Board approves the financial allocations to community benefit programs, outreach and education, and the traditional charity care and unreimbursed care delivered every day at Community Medical Centers facilities. Board committees provide input, direction and counsel on management's community benefit requests and programs, as appropriate.

Senior management has encouraged community-reinvestment initiatives — in programs, facilities and partnerships — to help ensure patient access and a healthier community over the long term. Our community investment initiatives extend beyond the hospital walls, with a commitment to environmental sustainability. In July 2016, Community became the first hospital system to join California Energy Department's Workplace Charging Challenge, aimed at increasing access to plug-in electric vehicle charging stations. To date, Community has installed 15 clean vehicle charging stations and has plans to install 50 more. As a member of the Healthier Hospitals Initiative, Community continues implementing corporate strategies to minimize waste and to promote environmental stewardship. As an example, Community's investment in a new surgical sterilizing system saves 170 gallons of water in each cycle.

Many Community Medical Centers' leaders and staff members are engaged in a wide array of community organizations in leadership and volunteer roles, extending our community benefit outreach far beyond dollars invested.

Community benefit and community service are at the heart of Community Medical Centers.

III. Community Medical Centers' Service Area: A Look at Our Unique Region

Community Medical Centers is located in the heart of California's San Joaquin Valley, an area often referred to as "*Appalachia of the West*" because of our similarities with that region's poverty, unemployment, and health disparities. Our community is incredibly diverse, and we care for patients and their families from all four corners of the world. Our world-class trauma center and burn unit provide care to patients from a wide geography.

Service Area Map



From the *2016 Community Health Needs Assessment*, the following demographic information helps to paint a picture of our region and our patients.

Population Characteristics: Age, Gender, Language, Diversity

Race and Ethnicity

The largest demographic group in each county is Latinos. Figure 1 shows the total raw population numbers and Figure 2 provides a graphic summary with percentages of major ethnic and racial groups that form the demographics of each county.

	Fresno	Kings	Madera	Tulare
Total Population	939,605	151,806	151,435	446,644
Hispanic or Latino (of any race)	477,078	78,236	82,456	273,533
White	302,091	53,046	56,775	142,669
African American/Black	45,457	9,843	4,641	5,765
American Indian and Alaska Native	4,814	1,200	1,687	3,048
Asian	88,753	5,292	2,942	14,264

Native Hawaiian and Other Pacific Islander	1,216	315	625	412
Some other race	1,786	404	105	415
Two or more races	18,410	3,470	2,204	6,538

Figure 1: Summary of the raw population totals for each county by demographic groups. Data Source: www.chna.org

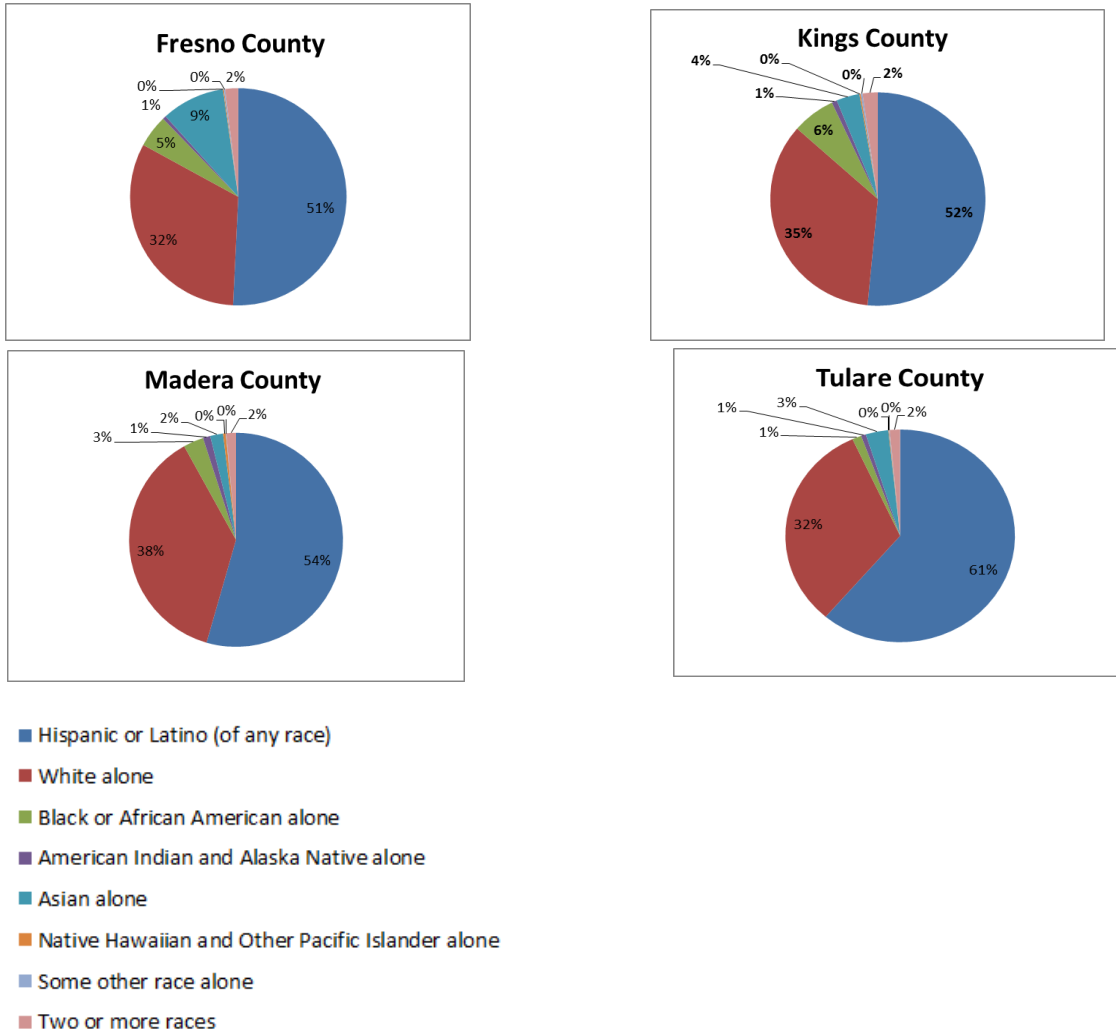


Figure 2: Graphical summary of the population demographics in each of the four counties.

Age

The four counties are home to a large number of young residents, particularly in Fresno County where 29 percent of the population is under age 18. Fresno and Tulare Counties have the largest number of children relative to other age groups as is seen in Figures 3 and 4.

	CA	Fresno	Kings	Madera	Tulare
Age 0 -17	24.20%	29.28%	27.66%	28.10%	31.98%
Age 18 – 64	63.67%	60.12%	63.86%	59.82%	58.1%

Figure 3: Summary of the population age distribution of all four counties. Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

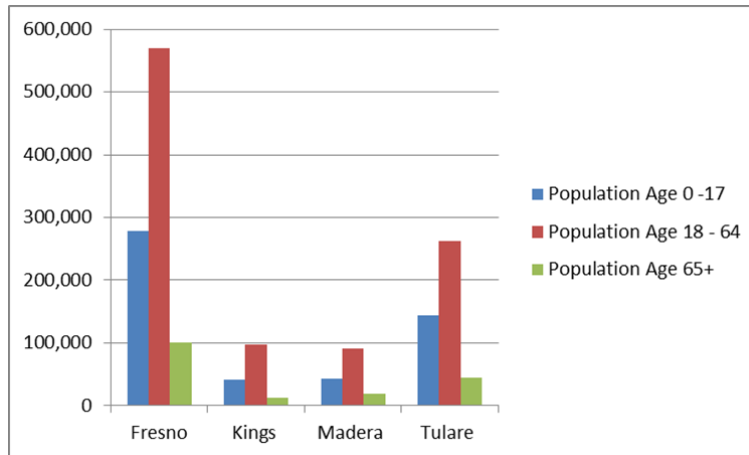


Figure 4: Graphically shows the population age distribution of all four counties. Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

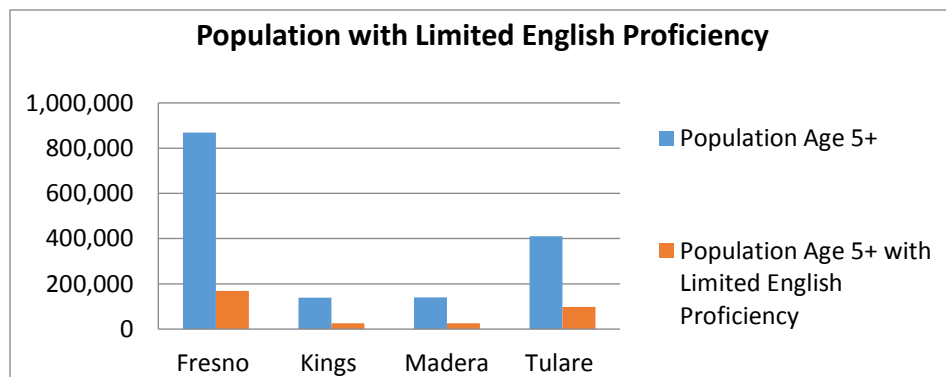


Figure 5: Graphical summary of the number of residents with limited English proficiency. Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Linguistically Isolated

The diversity of the region is reflected in the wide range of languages spoken in each County. Slightly more than 20 percent of the entire region's population over age five has a limited English proficiency. Among all four counties **84 percent of residents with limited English proficiency speak Spanish**; 10.26 percent speak Asian or Pacific Island Languages and 4.7% speak Indo-European Languages¹.

¹ Data source: American Survey

Social Determinants of Health Throughout the Region: Poverty, Education, Health Insurance Access

Increasing attention has been given to the social determinants of health and their impact on health outcomes. Public health researchers, health advocates and social epidemiologists see these as key drivers that can both predict and influence population health, outcomes, and needs.

The federal poverty rate for California in 2016 lists **\$11,880** gross income or below for an individual, **\$16,020** for a family of two, **\$20,160** for a family of three and **\$24,300** for a family of four².

As can be seen in Figure 6 below, **all four counties have high rates of poverty and residents who are uninsured, as well as having limited education.** By comparison, California's poverty rate as a whole is 15.94%. The uninsured in California are 23.91% of the population. California residents without a high school diploma make up 18.76% of the population.

Unemployment in the Central Valley, unlike other areas of the State, remains at double digits. Focus group data suggests that unemployment contributes to broad level of financial stress in many households. **Per capita income ranges from \$17,894 in Tulare County to \$20,208 in Fresno County and all are substantially lower than the California average of \$29,527.** Figure 6 provides an overview of the socio economic level in the region.

Population Characteristics: Socioeconomic Level-Poverty ³	CA Average	Fresno	Kings	Madera	Tulare
Percent of Households Where Costs Exceeds 30% of Income	45.89%	43.78%	38.48%	43.15%	42.43%
Percent of Families with Income Over \$75,000	46.75%	32.98%	31.11%	29.2%	28.37%
Per Capita Income	\$29,527	\$20,208	\$18,429	\$17,847	\$17,894
Percent of Households with Public Assistance Income	3.97%	7.88%	5.32%	5.77%	9.10%
Percent of Population <u>Under 18</u> Living in Poverty	22.15%	37.05%	30.32%	32.94%	35.83%
Percent of Population <u>Under 18</u> Living 200% below the Federal Poverty Level (FPL)	45.95%	63.13%	60.84%	65.48%	66.64%
Percent of <u>Total Population</u> Living in Poverty	15.94%	25.96%	21.0%	22.80%	26.18%
Percent of Total Population Living 200% below the FPL	35.91%	50.05%	48.13%	51.01%	53.98%
Percent Total Population with Income at or Below 50% FPL	6.91%	11.33%	9.54%	9.29%	10.55%
Unemployment Rate	7.20%	11.0%	11.50%	13.50%	12.20%
Households with No Motor Vehicles	7.77%	9.25%	6.70%	5.86%	6.73%

Figure 6: Summary of the economic conditions in all four counties

² US Department of Health and Human Services poverty guidelines as of Jan. 25, 2016. See: (<https://aspe.hhs.gov/poverty-guidelines>)

³ Data Source: CHNA.org

Education or educational attainment is strongly linked to health outcomes. A 25 year old in the US without a high school diploma today will die 9 years sooner than college graduates⁴. People with more education live longer, experience better health outcomes and tend to practice health-promoting behaviors (i.e. getting regular exercise, refraining from smoking, or getting timely medical checkups, immunizations or screenings).⁵ **Unfortunately, over a quarter of the population in each county of the region, does not have a high school diploma.** Within each county, less than 20% of the population has a bachelor of arts compared to 30% of California as a whole. While graduation rates are strong across the four counties, those with a HS diploma appear not to be staying in the area. Table 7 summarizes the social determinants of health related to education.

Population Characteristics: Socioeconomic Level- Education ⁶	CA Average	Fresno	Kings	Madera	Tulare
Cohort High School Graduation Rates (students receiving a HS diploma within 4 years)	85.7%	85.0%	75.2%	87.9%	87.8%
Percent Population Age 25 with Associate's Degree or Higher	38.43%	27.9%	20.42%	21.56%	21.06%
Percent of Population without a High School Diploma ⁷	18.76%	26.94%	29%	31.5%	31.99%
Persons with a Bachelor's Degree or Higher (age 25 and over)	30.7%	19.6%	12.9%	13.6%	13.3%

Figure 7: Highlights of the key data on the education level of the residents in all four counties. NOTE: The cohort graduation rate is defined as "The number of students who graduate in four years with a regular high school diploma divided by the number of students who form the adjusted cohort for the graduating class. From the beginning of 9th grade (or the earliest high school grade), students who are entering that grade for the first time form a cohort that is "adjusted" by adding any students who subsequently transfer into the cohort and subtracting any students who subsequently transfer out, emigrate to another country, or die."

Figure 8 summarizes percentages of children and adults lacking access to healthcare coverage. A factor that exacerbating access to care is the high rate of adults and children that lack insurance. These factors impact rates of preventable hospitalizations, potential years of life lost and the number of people who do not receive preventative care.

Health Need: Health Insurance Access	CA Average	Fresno	Kings	Madera	Tulare
Percent of Children Without Insurance ⁸	7.89%	6.90%	8.10%	9.27%	7.39%
Population with No Insurance -Adults	23.91%	26.96%	24.61%	29.78%	28.95%

Figure 8: Summary of the economic conditions in all four counties

⁴ Virginia Commonwealth University Center on Society and Health. Education: It Matters More to Health Than Ever Before. January 2014. Available at the Robert Wood Johns Library See: http://www.rwjf.org/en/library/research/2014/01/education--it-matters-more-to-health-than-ever-before.html?cid=XEM_A7864

⁵ Issue Brief 5: Exploring the Social Determinants of Health: Education and Health. Robert Wood Johnson Foundation, April 2011 Accessed here: http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70447

⁶ Data Source: US Department of Education, EDFacts. Accessed via DATA.GOV. Additional data analysis by CARES.

⁷ Data Source: US Census Bureau, American Community Survey. 2009-13 and Quick Facts US Census, Data 2014

⁸ Data Source: US Census Bureau,

Community Rankings

Given the wide range of health indicators that have been reviewed for each of the 15 potential health needs, it is useful to understand where each of the four counties rank overall within California. The Robert Wood Johnson Foundation (RWJ), in collaboration with the University of Wisconsin Population Health Institute, provides access to a national data base that provides an overall rank for each county of every state using a common and consistent ranking system⁹. **Within California's 58 counties the overall rank for Fresno is 49, Kings ranks 43, Madera ranks 46 and Tulare ranks 45.** Each of the four counties fall in the bottom half of California Counties for Health Outcomes, Quality of Life, Health Factors, Health Behaviors, Clinical Care, Social and Economic Factors and Physical Environment. The one exception is Kings County where it ranks in the upper half of the state's counties for Length of Life and Health Behaviors. Figure 9 shows the summary of results across all major factors ranked in this system.

Ranking Area	Rank Level Compared to the 58 Counties in CA			
	Fresno	Kings	Madera	Tulare
Health Outcomes	49	43	46	45
Length of Life	35	28	34	39
Quality of Life	54	53	52	48
Health Factors	54	49	45	56
Health Behaviors	46	24	36	49
Clinical Care	43	56	46	53
Social & Economic Factors	56	49	46	55
Physical Environment	42	55	50	51

Figure 9: Summary of the County Health Rankings California 2015

The ranking system¹⁰ used by RWJ is based on a “conceptual model of population health” that includes both Health Outcomes (length and quality of life) and Health Factors (determinants of health).

The results of the data suggest that in the Fresno, Kings, Madera and Tulare Counties concentrated poverty, poor air quality, limited education, language isolation and the significant percent of population that live within a Health Professional Shortage Area (HPSA) raise substantial challenges for the most disadvantaged members of the population who seek healthcare.

⁹ County Health Rankings and Roadmaps: Building A Culture of Health County by County, 2015. www.countyhealthrankings.org

¹⁰ Booske, B., Athens, J., Kindig, D., Park, H. and P. Remington. County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health” February 2010 See:

<http://www.countyhealthrankings.org/sites/default/files/differentPerspectivesForAssigningWeightsToDeterminantsOfHealth.pdf>

IV. Community Health Needs Assessment

Since the passage of SB 697 in 1994, California non-profit hospitals have reported on the community benefit they provide. This legislation required hospitals to assess the health needs of the communities they serve and develop plans, programs and/or services to meet those priority needs. Federal healthcare legislation passed in 2010, the Patient Protection and Affordable Care Act, also imposed federal regulations for tax-exempt hospitals to conduct a community needs assessment and develop an implementation plan every three years.

In 2011, Community Medical Centers participated in the initial collaborative with every hospital in Fresno, Madera, Tulare and Kings Counties, led by the Hospital Council of Northern and Central California, to conduct a shared community health needs assessment (CHNA) for the region. This shared needs assessment process has been instrumental in increasing collaboration among the region's hospitals and allowed for important discussion about priorities and hospital leadership of health issues. The CHNA was repeated in 2013 and 2016 (data on which this report was based).

The CHNA is comprised of primary and secondary data analysis; stakeholder interviews; focus groups; and literature reviews of best practices from across the country.

Identification of Health Needs

In order to identify the health needs for this CHNA, the workgroup met with public health officers from each of the four counties to review the information collected from community members and stakeholders as well as the secondary data for the 15 health needs. The workgroup and health officers reviewed each need based on three criteria:

State Performance: Did the health indicator perform poorer than the state baseline?

Community-Identified Need: Did community members and stakeholders identify the health indicator as a health need?

Disproportionate Impact: Did supporting data show that the indicator impacts certain populations more than others?

The group identified 11 health needs that met the agreed criteria, those needs were:

(In alphabetical order)

- Access to Care
- Asthma (Breathing Problems)
- Cardiovascular Disease/Stroke (Heart Disease)
- Diabetes
- Maternal/Infant Health (Infant Mortality)
- Maternal/Infant Health (Teenage Pregnancy)
- Mental Health
- Obesity
- Oral Health
- Substance Abuse
- Violence/Injury Prevention


Prioritization of Health Needs

Once the 11 health needs were identified using the agreed criteria, the final step in the assessment process required ranking the needs in order of importance. With guidance from the workgroup, consultants reached out to 92 stakeholders in the four counties. Stakeholders were tasked with completing a poll ranking the importance of each health need, based on their particular lens of their county's health status. The following table contains results based on stakeholder's input on the order of importance of each health need in their particular community.

Figure 10 depicts the identified health needs list in order of importance, according to community stakeholders in their respective counties.

Identified Health Need (listed in alphabetical order)	Fresno	Kings	Madera	Tulare
Access to Care*†	1	3	2	1
Breathing Problems (Asthma)*†	2	2	4	4
CVD/Stroke (Hypertension)		7	6	
Diabetes*†	3	1	1	2
Maternal and Infant Health (Infant Mortality & Premature Births)	6			
Maternal and Infant Health (Teen or Unintended Pregnancy)		8		6
Mental Health*†	4	5	5	5
Obesity*†	5	4	3	3
Oral Health (Dental Care)*	8	9	8	9
Substance Abuse*	7	6	7	8
Violence/Injury Prevention	9			7

Figure 10: Summary of health needs ranked across all four counties ranked in order of importance by community stakeholders.

 Health need not identified

* Health need is common throughout the four-county region.

† Top five common health need throughout the four-county region.

There were five top priority health needs shared across the four-County region served by CMC:

- **Access to Care**
- **Asthma (Breathing Problems)**
- **Diabetes**
- **Mental Health**
- **Obesity**

Data on these health priorities are included in this report. There were five other health needs identified in the needs assessment process that were not consistently ranked across all four Counties but noted in the complete CHNA report: cardiovascular disease/stroke; maternal and child health; oral health; substance abuse; and violence/injury prevention.

Access to Healthcare

Access to health care is defined as “the timely use of personal health services to achieve the best health outcomes”¹¹. There are four essential elements of access to care: coverage, services, timeliness and workforce. As the diversity of our patient populations continues to grow the importance of a healthcare workforce that is culturally effective is essential to achieve access and health equity. The barriers to obtain health care services include: a lack of availability, high cost of care and lack of insurance coverage. Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills”.

Figure 11 summarizes key indicators that reflect on resident’s access to care. A key factor impacting the region as a whole is the low rate of primary care physicians in the region and consequently the high range of the population that lives within a Health Professional Shortage Area (HPSA). Over a quarter of adults in the region do not have access to a regular physician. Another factor that exacerbates access to care is the high rate of adults and children that lack insurance. These factors impact rates of preventable hospitalizations, potential years of life lost and the number of people who do not receive preventative care.

Health Need: Access to Care	CA Average	Fresno	Kings	Madera	Tulare
Rate of Primary Care Physicians per 100,000 residents	72.2	64.0	37.7	46.0	42.5
Population Living within a HPSA ¹²	25.18%	81.67%	100%	100%	100%
Preventable Hospitalizations: Discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive ¹³	45.3	53.1	62.6	49	59.1
Percentage Mothers with Late or No Prenatal Care ¹⁴	18.1%	13.7%	26.2%	26.3%	26.0%
Infant Mortality Rate per 1,000 Births ¹⁵	5	6.3	5.7	5.2	5.6
Percent of Children Without Insurance ¹⁶	7.89%	6.90%	8.10%	9.27%	7.39%
Years of Potential Life Lost, Rate per 100,000 Population ¹⁷	5.6	7.0	6.4	6.7	7.4
Population with No Insurance -Adults	23.91%	26.96%	24.61%	29.78%	28.95%
Percent Adults without Regular Doctor ¹⁸	27.13%	25.05%	27.42%	29.92%	33.48%
Percent Adults Without Any Regular Doctor ¹⁹	27.13%	25.05%	27.42%	29.92%	33.48%
Percent Population Age 65 with Pneumonia Vaccination (Age-Adjusted)	63.40%	59.50%	69.30%	68.20%	58.70%
Percent Medicare Enrollees with Diabetes with Annual	81.46%	81.99%	73.92%	85.33%	79.99%

¹¹ Healthy People 2020, www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

¹² Data Source: US Department of Health & Human Services

¹³ Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County

¹⁴ Data Source: Centers for Disease Control and Prevention

¹⁵ Data Source: Centers for Disease Control and Prevention

¹⁶ Data Source: US Census Bureau

¹⁷ University of Wisconsin Population Health Institute, County Health Rankings 2014 Source Geography: County

¹⁸ Data Source: Centers for Disease Control and Prevention

¹⁹ Data Source: Centers for Disease Control and Prevention

Health Need: Access to Care	CA Average	Fresno	Kings	Madera	Tulare
Exam					
Percent Adults with High Blood Pressure Not Taking Medication	30.30%	27.96%	20.81%	19.54%	37.71%

Figure 11: Summary of health indicators associated with Access to Care

Breathing Problems (Asthma)

Asthma is a chronic lung disease that inflames and narrows the airways. It causes recurring periods of wheezing, chest tightness, shortness of breath and coughing which often occurs at night or early in the morning.

Figures 12 and 13 provide a summary of the high rates of asthma in the region and the rates of ED visits and hospitalizations due to asthma

Health Need: Asthma (CHRONIC DISEASE) ²⁰	CA Average	Fresno	Kings	Madera	Tulare
Percent Adults with Asthma	14.21%	15.79%	17.34%	16.69%	14.62%
Percent of Children Diagnosed with Asthma	15.40%	21.30%	22.30%	11.50%	10.30%

Figure 12: Summary of the percent of adults and children diagnosed with asthma in the four counties.

Asthma Related ED Visits/Hospitalizations for Children and Adults ²¹	ED Visits Children per 10,000		Hospitalizations Children per 10,000		ED Visits Adults per 10,000	Hospitalizations Adults per 10,000
	0 - 4	5 - 17	0 - 4	5 - 17	18 - 64	18 - 64
Fresno	226.0	100.5	42.8	15.4	51.3	8.1
Kings	206.1	116.0	36.9	9.9	73.8	9.7
Madera	248.8	121.4	29.9	9.9	46.2	2.3
Tulare	117.1	57.4	21.8	6.1	41.5	6.5
California	113.2	67.1	22.1	7.8	39.8	5.4

Figure 13: Summary of the ED and Hospitalizations for children and adults in the four counties

Diabetes

Diabetes occurs when the body cannot produce sufficient insulin, a hormone that the body needs to absorb and use blood glucose—the body's primary source of energy. Diabetes will result in elevated blood glucose levels and other metabolic abnormalities that can lead to lowered life expectancy, heart disease, kidney failure, amputations of legs and adult onset blindness.²²

²⁰ Data source: Center for Disease Control and Prevention

²¹ Data Source: California Breathing 2012

²² Healthy People 2020 Topics and Objectives: Diabetes See <http://www.healthypeople.gov/2020/topics-objectives/topic/diabetes>

Health Need: Diabetes (CHRONIC DISEASE) ²³	CA Average	Fresno	Kings	Madera	Tulare
Percent Adults with Diagnosed Diabetes (Age-Adjusted)	8.05%	9%	8.7%	8%	7.4%
Percentage of Medicare Beneficiaries with Diabetes	26.64%	31.37%	32.52%	30.37%	31.83%

Figure 14: Summary of the percent of diagnosed Diabetes in the four counties

Mental Health

Mental disorders are health conditions that are characterized by alterations in thinking, mood and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death.²⁴

According to the 2013 California Health Care Almanac, 1 in 20 adults suffer from a serious mental illness, while the rate for children is much higher: 1 in 13. Half of adults and two thirds of children did not get treatment for mental health disorders. One of the factors most often correlated with mental illness is living in poverty.²⁵

Health Indicator: Mental Health ²⁶	CA Average	Fresno	Kings	Madera	Tulare
Percentage of Medicare Beneficiaries with Depression	13.39%	11.36%	14.14%	11.21%	12.23%
Suicide, Age Adjusted Death Rate per 100,00	10.2	8.8	7.7	14.8	10.4

Figure 15: Summary of the rates of suicide in the region and the percent of Medicare beneficiaries with depression

Other challenges to addressing mental health issues are the need for both mental health professionals and facilities to provide acute care. The region has few resources to address the mentally ill. Figure 16 highlights the shortage of psychiatric beds and psychiatrists.

²³ Data source: Centers for Disease and Control, Centers for Medicare and Medicaid Services

²⁴ Healthy People 2020 <http://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders>

²⁵ California Healthcare Almanac: Mental Health Care in California-Painting a Picture, 2013. See www.chcf.org

²⁶ Data source: Centers for Disease and Control

	Fresno	Kings	Madera	Tulare
Total Psychiatric Beds Available per 100,000²⁷	8.13	0	6.12	13.97
Psychiatrists per 100,000 people²⁸	12.3	6.5	9.2	5.6

Figure 16: Summary of the key resources in the region to serve the mentally ill.

Obesity

Weight that is higher than what is considered as a healthy weight for a given height is described as overweight or obese. An individual's Body Mass Index, or BMI, is used as a screening tool for overweight or obesity.²⁹ It is estimated that there are roughly 30 comorbid conditions associated with severe obesity. These include diabetes mellitus (occurs in 15% to 25% of obese patients), heart disease, gastroesophageal reflux, stress urinary incontinence, abdominal hernia, nonalcoholic steatohepatitis (NASH) and debilitating joint disease. Obesity is also associated with an increased incidence of uterine, breast, ovarian, prostate and colon cancer, skin infections, urinary tract infections, migraine headaches, depression and pseudo tumor cerebri.³⁰

Health Need: Obesity ³¹	CA Average	Fresno	Kings	Madera	Tulare
Percent Adults Overweight	35.85%	34.94%	52%	37%	36.50%
Percent Adults with BMI > 30.0 (Obese)	22.32%	28.7%	24.8%	26.6%	29.4%
Percent of Children Overweight or Obese ³²	38.0%	42.7%	43.5%	44.1%	43.8%

Figure 17: Summary of the percentages of overweight and obese adults and children in all four counties.

²⁷ Source: "California's Acute Psychiatric Bed Loss" California Hospital Association, 2012

Torrey, E. F., Entsminger, K., Geller, J., Stanley, J. and Jaffe, D. J. (2008). "The Shortage of Public Hospital Beds for Mentally Ill Persons."

²⁸ Ibid. California Healthcare Almanac

²⁹ Defining Adult Overweight and Obesity. CDC Division of Nutrition, Physical Activity and Obesity See: <http://www.cdc.gov/obesity/adult/defining.html>

³⁰ Obesity: Prevalence and Risk Factors Cleveland Clinic, March 2013 See: <http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/endocrinology/obesity/>

³¹ Data source: Centers for Disease and Control

³² : Babey, S. H., et al. (2011). A patchwork of progress: Changes in overweight and obesity among California 5th-, 7th- and 9th-graders, 2005-2010. UCLA Center for Health Policy Research and California Center for Public Health Advocacy. Funded by RWJF; California Department of Education, Physical Fitness Testing Research Files.

Overall Health

Overall health is defined by the World Health Organization as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”³³.

Health Indicator: Overall Health ³⁴	CA Average	Fresno	Kings	Madera	Tulare
Percent Adults with Poor or Fair Health (Age-Adjusted)	18.4%	23.4%	26.9%	31.1%	24.6%

Figure 18: Summary of the percent of adults in each county who self-report poor or fair health.

Recommendations for Action:

Upon reflection on the results of the CHNA, the Community Benefits Workgroup identified several recommendations for consideration by each hospital as they pursue their own internal strategic planning efforts.

1. Strengthen collaboration among hospitals, other healthcare providers and community resources to improve service coordination, access to care and preventative health services.
 - a. With respect to a specific health needs and priority, identify ways for hospitals to collaborate with existing obesity prevention initiatives in the region and link patients to these programs and develop a coordinated and culturally sensitive program to serve patients
 - b. Implement more formal and consistent avenues to share “best practices” that address key health needs that work within the region so that successful community resources and programs can be duplicated, leveraged and aligned.
2. Encourage hospitals to lead by example on employee wellness initiatives for weight-loss programs, smoking cessation, exercise and nutrition.
3. Strengthen and identify new opportunities to develop future healthcare workforce assets in the region, from supporting efforts in middle and high school to medical residency/medical education initiatives.

³³ Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

³⁴ Data source: Centers for Disease and Control

V. Meeting Community Needs: CMC Signature Contributions

Community Medical Centers' efforts to improve the health status of our community are many, varied and wide-ranging. From sophisticated medical research programs that help us to more fully understand the Valley's unique health needs to home visits for asthma patients and medical respite services for homeless patients, the CHNA helps provide us with a "roadmap" for our community efforts.

The needs of the Valley are many, the resources to meet those needs are limited, and the compassion to meet the needs of our patients every day is unmatched. Below is a snapshot of Community's signature community benefit programs.

1. Improving Access to Care: Increasing Physician Supply Through Medical Education

For over 40 years, Community Medical Centers has enjoyed a strong partnership with the University of California-San Francisco (UCSF) medical education program. Community currently has more than 260 residents studying in nine specialties and nearly 40 fellows studying in 17 sub-specialties. There are approximately 300 third and fourth-year medical students on a rotational basis.

UCSF Fresno has 17 fellowships: acute care surgery, cardiovascular disease, community pediatrics, emergency medicine education, gastroenterology, hematology/oncology, HIV, hospice and palliative medicine, infectious diseases, interventional cardiology, maternal child health, minimally invasive surgery, pulmonary critical care, sleep medicine, surgery critical care, ultrasound medicine and wilderness medicine.

UCSF Fresno has nine medical residency programs: emergency medicine, family and community medicine, general surgery, internal medicine, obstetrics/ gynecology, orthopaedic surgery, pediatrics and psychiatry, and one dental residency program, oral and maxillofacial surgery.

UCSF Fresno received a Health Resources and Services Administration (HRSA) grant in the amount of \$1.92 million to expand pediatric residency by two residents per year for five years, beginning in 2011 and expiring in September 2016.

About 70% of graduating residents in 2016 indicated they planned to practice medicine in the Valley. Since the last 16 years, 50% of resident graduates have stayed to practice medicine in the Central Valley.

As part of the robust medical education program, there is a very active research component. There were 261 active research studies conducted at Community campuses, involving Community patients and/or patient data, many of them focused on the unique health needs and challenges of the Central Valley.

2. Improving Access to Care: Helping Complex Patients Connect to Services

Community Medical Centers continues to seek creative solutions and partnerships that offer health benefits for the Valley's most challenging patients. We have increasingly focused on patients who have barriers in managing their healthcare and as a result, repeatedly use the emergency department for their care.

Community Regional Medical Center's *Community Connections* continues to provide team-based interventions for vulnerable patients. The program identifies patients that require linkage to care via referrals from Community Regional, Fresno County Emergency Medical Services, American Ambulance and Community Regional's diabetes, chronic lung and congestive heart failure medical homes. These patients often face

difficulty in managing their health due to issues including lack of primary care, lack of insurance, alcohol/substance abuse, mental health issues, homelessness, and lack of resources and support.

The *Community Connections* team assists patients with linkage to care working alongside doctors, nurse practitioners, nurses, master-level social workers, and other community agencies and organizations. Upon entering the program, patients receive a psychosocial assessment that informs an individualized care management plan. The outreach specialists ensure patients comply with medical office visits, medication adherence and even help secure transportation to and from appointments. During 2015-2016, *Community Connections* provided intense case management support to 250 patients.

Community Connections offers the following:

- Comprehensive assessment, support and linkage to internal and external services
- Intensive outpatient case management for high-risk patients
- Referrals to appropriate services, as needed
- Linkages to community and social services. This includes but is not limited to medical services, housing, substance/alcohol abuse treatment, mental health treatment, linkage to medical insurance, and linkage to financial assistance programs
- Home and community visits to assess patient needs and to provide support
- Attending appointments with patients to provide support
- Multidisciplinary home visits for high-risk patients
- Health promotion and disease self- management education

Community's electronic health records assist social workers in tracking patients' progress through the entire care continuum. Additionally, social workers and outreach specialists go into the community to track the health needs of homeless patients, focusing on the patients' primary care needs and other immediate needs in efforts to avoid medically unnecessary emergency department visits and to help the patients improve their quality of life.

3. Caring for Vulnerable Populations: Fresno Medical Respite Center

Community was a founding hospital partner that established the Fresno Medical Respite Center in July 2011. The Center currently provides eight beds for homeless men and beds for women on an as-needed basis at the Fresno Rescue Mission in downtown Fresno.

The intent of this Center was to provide a place for a 'safe discharge' for homeless patients and a place where they might continue their recovery; and to demonstrate cost savings to participating hospitals by reducing the patient's length of stay due to lack of discharge alternatives. Research indicates that homeless patients tend to stay 4.5 days longer in hospitals following an inpatient stay than patients with social support mechanisms.

In order to provide respite care to patients with slightly higher acuity, as of June 2016, Community Regional's home health clinical staff and case management began providing center patients with coordinated healthcare and linkages to social and community resources. During 2015-2016, Community Regional provided \$100,000 to the Medical Respite Center collaborative effort—110 patients received care, saving over 1,600 hospital in-patient days. Since the program's opening in 2011, Community has provided \$350,000 in funding to support the work of the center.

The Fresno Medical Respite Center will continue to offer care and services to patients from all local area hospitals.

4. Diabetes

The Community Diabetes Care Center (CDCC) serves clients from Fresno and five nearby counties at two locations: the Sierra Community Health Center and the Cedar Campus. The CDCC cares for a high percentage of patients who would not otherwise be able to receive diabetes self management education in the community. The center is the only American Diabetes Association (ADA) recognized education program in Fresno County.

The CDCC is accredited as one of four *Sweet Success Affiliates* in Fresno County with registered nurses, registered dietitians and certified diabetes educators. CDCC also continues to provide self-management programs for non-pregnant patients. Self-management education classes for both pregnant and non-pregnant patients are available in both English and Spanish.

Many of the center's clients are pregnant women who have restricted or managed Medi-Cal with limited visits. The staff educates women and their families on healthy eating habits for life and controlling diabetes during pregnancy. Last year the CDCC provided diabetes management education and services to 3,305 clients with a total of 7,576 visits.

The staff includes five certified diabetes educators, three medical office assistants and one medical assistant.

The center:

- Participates in the training for the California Diabetes and Pregnancy Program Sweet Success program on a monthly basis
- Participates in monthly Diabetes Hands-On Training for UCSF Fresno Medical Education students, family health and internal medicine interns, residents and faculty
- Participates in Diabetes Medication Management Clinic at Community Regional's Ambulatory Care Center supporting patients with medication support to improve blood glucose levels
- CDCC staff participates in medical resident teaching
- Participates as a healthcare partner in the Fresno County Health Improvement Partnership's Diabetes Collaborative

5. Asthma Education & Chronic Lung Disease Program

The Chronic Lung Disease Program provides care to more than 500 patients diagnosed with asthma and COPD. The program is also involved in academic research and has previously published data on outcomes, reporting that emergency department visits were reduced by 79% and hospitalizations were reduced by 65%, saving an estimated \$1.7 million a year in hospital care.

Community Regional, in partnership with UCSF-Fresno, continued its evidence-based, in-home interventions for a subset of patients with established non-compliance to office visits in the chronic lung disease program. The home intervention team—consisting of a pulmonologist, nurse practitioner, registered nurse, respiratory therapist and outreach worker—provides patients with an in-home assessment of potential asthma triggers, lung function test and education on asthma and inhaler use. Preliminary results show reduced emergency room visits and increased adherence to medical office visits and inhaler use among patient participants.

In FY 2015-2016, patients participating in the *Chronic Lung Disease Program's* in-home visit interventions demonstrated significant improvements in healthcare utilization and medication compliance. Data from the program's single home visit intervention study was among the few that were chosen from well over a thousand research studies featured as a successful evidenced-based care model at the American College of Chest Physicians' 2016 CHEST Conference.

6. Mental Health

The mental health challenges in the Central Valley are well-documented. Fragmented public services, limited private sector resources and increasing demands for mental health care have put pressure on all parts the community and perhaps none more than Community's emergency rooms at both acute care campuses. Skyrocketing 5150 calls led to a strong hospital advocacy effort over the last few years and Community has been a leader in that effort.

In 2014-2015, the results of a five year multi-sector collaborative effort opened the first Multi-Agency access Partnership Point (MAP Point). The MAP Point is designed to provide clients in need of mental health or substance abuse services, housing, social services, veteran's benefits and more a 'one stop' center for linkages to appropriate services. Prior to the opening of the first MAP Point, this 'one stop' was often our Emergency Departments.

In FY 2015-16, Community Regional's Ambulatory Care Center leadership participated in a collaborative granting opportunity to become a future MAP Point site. Community Regional, joining Kings View, Centro La Familia and Poverello House will participate as one of eight urban and rural Fresno County sites facilitating linkages to health, food access, healthcare coverage enrollment, substance abuse and mental health treatment, among others. The MAP Point site at the Deran Koligian Ambulatory Clinic is expected to open in early 2017.

7. Specialty Services: HIV Care

Community's Specialty Health Center provides medical care and support services for nearly 1,000 HIV/AIDS patients from five Central Valley counties. The center is housed in the Deran Koligian Ambulatory Care Center and is one of two locations serving pediatric HIV/AIDS patients in the Central San Joaquin Valley.

Activities and outreach of the Community Special Services program included:

- Membership in the Community Action Council — a group seeking to provide coordinated care and service delivery to those at-risk, infected or directly affected by HIV/AIDS in Fresno County
- Serving as a partner and liaison to Fresno County Housing Authority's Shelter Plus Care Program providing rental assistance to disabled, homeless individuals with HIV/AIDS, mental disorders or substance use problems
- Developing a comprehensive HIV/AIDS surveillance, prevention and care plan for California as a member of the state's planning group under the leadership of the U.S. Centers for Disease Control (CDC), the California Department of Public Health and the Office of AIDS
- Serving its seventh year as a project site for the California Medical Monitoring Project, a CDC-led effort collecting information on HIV patient needs and services
- Collaborating with other area hospitals to link patients to care
- Providing HIV, STD education in local middle/high schools and college classes

- Working with Clinica Sierra Vista on volunteer testing and counseling for high- risk teens and adults
- Providing social work and nursing support at CSU Fresno's Student Health Center
- Collaborating in 25 Cities and Oasis initiatives — national and local efforts to link veterans and the chronically homeless to medical care and housing
- Participating in the 5th Annual AIDS Walk and World AIDS Day events
- Providing eligible patients with home visits from a social worker and certified enrollment counselor to assist in healthcare plan enrollment
- Providing updated HIV/AIDS education and treatment options to Fresno State Health Center employees

8. Meeting Language Needs of a Diverse Community

Community Medical Centers serves a culturally and linguistically diverse community in which more than 60 languages are spoken. A patient's ability to understand and to be understood is one of the most important patient rights.

Interpreter services are provided at Community facilities 24 hours a day, seven days a week. Community relies on certified in-house interpreters, interpreters from the Health Care Interpreter Network (HCIN), American Sign Language (ASL) services, and the Language Line, which has 3,000 interpreters and 170 available languages.

Employees called "Language Ambassadors" volunteer to help patients and families with non-medical-related questions in their native language. Bilingual employees wear a special employee badge to indicate to patients and visitors which additional language they speak. Languages spoken by these employees include Spanish, Hindi, Hmong, Punjabi, Farsi, Vietnamese and Tagalog.

In 2009, Community Regional joined HCIN, a cooperative of California hospitals and healthcare providers sharing a network of trained healthcare interpreters. They provide language services to member facilities through an automated video/telephone call center system. HCIN is now a national program, with Community supplying interpreter services and receiving assistance from healthcare providers around the country. In Fiscal Year 2015-2016, Community Regional registered over 42,000 calls through HCIN.

Video conferencing devices and telephones throughout each hospital connect, often within a minute, to an interpreter on the HCIN system, either at Community Regional or one of the other participating network hospitals. Cordless interpreting phones are available and video units are available 24/7 for all languages.

Community Regional currently has five full-time Spanish interpreters, three per-diem Spanish interpreters, one per-diem Hmong interpreter and one full-time Hindi/Punjabi interpreter. From September 2015 to August 2016, nearly 2000 in-person interpreting sessions were conducted by Community Regional language professionals—including 75 American Sign Language sessions.

Clovis Community has two on-site, Spanish- language interpreters and also uses the Health Care Interpreter Network (HCIN).

Interpreting services also offer in-house translation services and translation of documents in Spanish and English. Community is not reimbursed for providing language-access services.

In July 2016, Community Regional purchased 22 Ipads and launched an interpretation service that allows patients to interact with their interpreter via live video and audio. The units are available in most unit floors at

Community Regional as well as Fresno Heart & Surgical Hospital, the California Cancer Center and the Deran Koligian the Ambulatory Care Center. Since the program's launch, 309 interpreting sessions have been completed.

Monthly rounding by interpreter services staff is done to ensure that staff members understand the policies and procedures related to requesting an interpreter. A Community Regional intranet site was developed to provide information about how to access an interpreter. In addition, a presentation on interpreter services is included as part of new employee orientation.

9. Spiritual Support

Community Regional Medical Center's Chaplaincy Services provide spiritual and emotional support to patients and employees. Chaplaincy also provides mentorship opportunities for pastoral students.

Community Regional chaplains provided grief support to hospital departments where a staff member had died. Chaplains officiated employee memorial services and two patient funerals at the request of patients' families. Chaplaincy Services performed pro-bono emergency weddings at the request of terminally ill patients and their significant others.

Chaplain Services has been a leader in the education and mentorship of future pastors and pastoral care providers by serving as a clinic site for the Clinical Pastoral Education (CPE) Program of Central California. Community Regional's Chaplaincy Services provides a site where chaplaincy candidates are being taught the basics of pastoral care in a pluralistic environment. During the 2016 fiscal year, several students completed their education at Community Regional. Three recent graduates have started full time chaplaincy positions at area hospitals including Kaiser Permanente, Veteran's Administration and Community Regional.

The Chaplaincy program continues to partner with local academic institutions and ministries promoting in-hospital spiritual care for both patients and clinical personnel. In Fiscal Year 2015-2016 Community Regional's Chaplaincy program partnered with Fresno Pacific University, Mennonite Brethren Biblical Seminary and others.

Chaplains serve on the hospital's Ethics Committee and have contributed to decisions touching on moral, legal and spiritual issues. Chaplains continue to assist in formulating hospital policies related to end-of-life care.

Last fiscal year, Chaplaincy Services provided Community's patients, free of charge:

- 1,400 rosaries to Catholic patients which were donated by the group, Our Lady Rosary Makers from St. Mary's Church in Visalia
- 600 English-language Bibles
- 960 New Testaments with large front
- 700 Spanish-language New Testaments
- 200 Guidepost Magazines
- 500 Our Daily Bread copies
- 600 English-language Our Daily Living Catholic devotional booklet
- 600 Spanish-language Our Daily Living Catholic devotional booklet
- 100 copies of additional literature and devotionals
- And several copies of the Book of Mormon, Qur'an and New World Translation Bibles

10. Trauma and Injury Prevention

As the only Level 1 trauma and burn center between Los Angeles and Sacramento, Community Regional's skilled and dedicated physicians and staff provide trauma services to patients from well beyond the hospital's normal service area.

In January 2015, a full-time injury prevention specialist joined Community Regional's trauma staff. The injury prevention specialist identifies the most common mechanisms of injury and death seen at the trauma center by using the hospital's trauma registry. It helps identify the root causes and contributing factors such as drug and alcohol abuse and behavioral health problems. Through education and environmental modification, the injury prevention specialist works to reduce the incidence of injury, disability and death due to trauma.

In Fiscal Year 2015-2016, Community Regional's Injury Prevention team participated in over 60 outreach events and presentations reaching close to 8,000 youths, seniors, health professionals, elected officials and the community at large. Outreach events and presentations by injury prevention team members were held at local elementary and high schools, senior centers, senior housing complexes, community centers, and health fairs—the majority in disadvantaged socio-economic zip codes in Fresno County.

Community Regional's trauma and injury prevention team members serve as collaborative partners in several cross-sector efforts including: Hope Coalition, Binational Health Collaborative, Fresno Violence Intervention Program, Fresno County Pediatric Death Review Committee, Central Valley Opioid Safety Coalition, Safe Kids Central California, Bicycle Pedestrian Advisory Committee and Kings County Partnership for Prevention.

In Fiscal Year 2015-2016, Community Regional's injury prevention campaigns included awareness around the following topics: elder abuse and fall prevention, child car seat safety, teen driver safety, bicycle and pedestrian safety, gang and gun violence awareness and water safety.

VI. Community Benefit Inventory

The following inventory of community benefit activities includes programs, services, and other unique resources provided by physicians and staff of Community Medical Centers.

Community Benefit	Notes
Chronic Kidney Disease: dialysis; <i>Options</i> program for patients and their families	Community Medical Centers is among the largest providers of dialysis services in the Central Valley, annually serving over 37,000 patients. Community offers an education and support program, <i>Options</i> , to patients with chronic kidney disease.
Community Education and Outreach Breast Cancer Awareness Online Safety Education Child Abuse Prevention Seminar Traumatic Brain Injury <i>Health Quest</i> Series Skin Cancer Screenings Lung Nodule Education Concussion Awareness	Community offers many education and outreach programs, on topics ranging from breast cancer awareness to injury prevention and concussion awareness. For example, Clovis Community Medical Center's <i>Health Quest</i> series provided monthly lectures attended by more than 1,400 people.
Health professional student support: rotations, mentorships, shadowing, preceptorships Inpatient dialysis Clinical Pastoral Education Program of Central California Pharmacy residents Cardiovascular progressive care unit Radlin Breast Care Center Nursing Physical Therapy/Rehabilitation High school ROP students Surgical technicians Radiology technicians	Community Medical Centers is the largest provider of health professional student clinical rotations, experiences, observations, internships and preceptorships in the Central Valley. Community participates in a shared Computerized Clinical Placement System (CCPS) with hospitals and two- and four-year colleges and universities from across the Valley to ensure maximum utilization of our clinical learning opportunities and the best learning experiences for the Valley's future workforce.
Mother's Resource Center (MRC)	Community is a champion of breastfeeding education for mothers-to-be and support services for new mothers. Services range from prenatal breastfeeding education to outpatient consults following delivering. The MRC also operates a store offering breast pumps for sale/rent and breastfeeding supplies. Across all services, programs, and classes offered by the MRC, we served over 16,000 mothers.

Community Benefit	Notes
Organ Donation	<p>In 2016, Community Regional received the Health Resources & Services Administration's (HRSA) Platinum Award as part of their Workplace Partnership for Life initiative. The Platinum Award, the highest honor given by HRSA, recognizes outstanding voluntary efforts by hospitals and transplant centers to educate staff, patients, visitors and community members on the critical need for organ, eye, and tissue donors. Community Regional was one of 35 hospitals to receive the distinction among 175 northern California and Nevada facilities in Donor Network West's service area.</p> <p>The Donor Network West last year consulted with Community Regional regarding more than 300 patients, of whom over 70 were found to be eligible donors. Community Regional, Clovis Community, and Fresno Heart & Surgical had a combined 118 tissue donors. Patients at Community Regional's Leon S. Peters Burn Center were helped with life-saving skin grafts from more than 150 donors.</p>
Pharmacy Services	<p>Community Regional continues its ASHP-Accredited Postgraduate Year One program, addressing the Valley's pharmacist shortage. Since the program's founding in 2002, 34 residents have successfully completed the program, 20 graduates stayed in the Valley—19 were hired by Community.</p> <p>Pharmacy residents continue the "Med Check" program providing medication counseling and education to patients diagnosed with multiple chronic condition and complex medication regimens. In Fiscal Year 2015-2016, residents provided 850 Med Checks to hospitalized patients.</p> <p>Community Regional residents and pharmacists precept and mentor students from University of California, San Francisco; University of the Pacific and California Health Sciences University.</p> <p>Clovis Community Medical Center recently launched its Postgraduate Year One program for 2 residents. Pharmacy residents precept students in Advanced Pharmacy Practice Experience clinical rotations. Clovis Community continues as a training site for pharmacy students from University of California, San Francisco; University of the Pacific and California Health Sciences</p>

	University. The program provides clinical training for 8-10 each year.
Pulmonary Rehabilitation	Community's Pulmonary Rehabilitation Program maintains its Disease-Specific Certification with The Joint Commission and continues to serve people with chronic pulmonary disease. The education programs offered through Pulmonary Rehabilitation reached 1,482 people in 2015-16.
Sexual Assault Forensics Examiners (SAFE)	<p>Community Regional's Emergency Department operates the Sexual Assault Forensic Examiners (SAFE) program, whose services are available 24 hours a day, every day, and include collection, preservation and security of evidence obtained from adult and pediatric victims and suspects; immediate counseling services in conjunction with Resource Counseling Services; courtroom testimony; and contraception and antibiotics for the prevention of sexually transmitted diseases. The program sees 15 to 30 patients per month. In the past year, the SAFE program has assisted in evidence collections for 176 cases and provided consulting, evaluations and courtroom testimony for an additional 60 cases.</p> <p>SAFE team members provide sexual assault awareness education to law enforcement, local colleges, patient advocates, UCSF Fresno residents, medical staff, nurses and others.</p> <p>SAFE program staff work with the Children's Health Center located on the hospital campus to provide comprehensive follow-up evaluations for children who are victims of sexual abuse. Community Regional SAFE staff are active members and participants in a wide variety of community initiatives, including the Sexual Assault Response Team (SART) collaborative meetings. SART aims to coordinate interventions, care and response for victims and their families. SART members include Fresno Council on Child Abuse Prevention, Fresno County Department of Social Services, Centro La Familia and law enforcement agencies.</p>
Support Groups Bariatrics Brain injury Breast Cancer Stroke Kidney Disease	Patient and family support is an essential part of healing and recovery. Community's caring staff lead a wide variety of support groups across all service lines.

Prostate cancer Pulmonary Rehabilitation Pulmonary Hypertension Trauma/Injury Prevention	
Volunteer Services	<p>Volunteers are an essential part of carrying out Community's mission to improve the health of those we serve and of our community. At Community Regional, 1,155 volunteers provided 77,067 hours of service to the hospital and our patients. This equates to 37.34 Full Time Employees in FY 2016-2016.</p> <p>At Clovis Community Medical Center, over 200 chaplains, adults, guild members, juniors and student volunteers provided nearly 27,000 hours of service.</p> <p>Clovis Community Medical Center staff continue to mentor and train students participating in the Clovis North-Buchanan Regional Occupational Program (ROP) medical career pathway. In Fiscal Year 2015-2016, Clovis Community's clinical and non-clinical staff provided nearly 2000 hours of mentorship to 24 ROP students.</p> <p>In total, Clovis Community Medical Center staff provided 14,000 hours of training and mentoring to ROP, observation and health profession students in FY 2015-2016.</p>

Sponsorships, Support and Civic Leadership

As the Valley's leading healthcare 'anchor institution,' we take seriously the responsibility of civic leadership. We are also mindful that those who contribute financial gifts to our organization expect careful and detailed stewardship of those funds. While we receive sponsorship and donation requests far in excess of our ability to give, Community was a contributor to a wide range of community organizations whose work helps to extend our care into neighborhoods across the Valley, including:

Alliance for Medical Outreach and Relief
Alzheimer's Association
America Heart Association
American Lung Association
American Cancer Society
Fresno Area Hispanic Foundation
Central California Women's Conference
California State University, Fresno
Central Valley Community Foundation
Central Valley Opioid Safety Coalition
Exceptional Parents Unlimited
Fresno County Farm Bureau
Fresno County Office of Education
Fresno Metro Ministries
Fresno Rescue Mission
Hinds Hospice
Marjaree Mason Center
Susan G. Komen Race for the Cure
West Fresno Family Resource Center

Community is proud of its accomplishments to date, but is also mindful of unmet challenges. Community staff and physicians contribute thousands of hours as volunteers for civic, cultural, social justice, religious and health groups, often serving in leadership positions and as mentors.

A partial list of these organizations:

- California Partnership for the San Joaquin Valley
- Camp Sunshine Dreams
- Central California Chapter of the Project Management Institute
- Central Valley SPCA
- Central Valley Lioness Lions Club
- Council of Indian Organizations
- Easterseals Central California
- Every Neighborhood Partnership
- Fresno and Clovis Rotary Clubs
- Fresno Chamber of Commerce
- Fresno Community Health Improvement Partnership (FCHIP)
- Fresno Pre-Term Birth Initiative
- Fresno Rescue Mission
- Fresno State Project Management Institute
- Healthy Communities Access Program (HCAP)
- James Irvine Foundation New Leadership Network
- Maddy Institute, California State University, Fresno

- Marjaree Mason Center
- Mayor's Community Advisory Board Panel
- Poverello House
- Shinzen Garden
- Terry's House
- United Way of Fresno
- Valley Teen Ranch
- Youth Boardgaming League

VII. Community Benefit Contributions

Community has historically spent more on uncompensated community benefit than all other Fresno-area hospitals combined — in some years, nearly double the combined total of other area hospitals.

In Fiscal Year 2015-16, Community had annual operating expenses of approximately \$1.4 billion. Net uncompensated community benefit totalled more than \$214 million. The single largest unreimbursed cost in the list below — care for Medi-Cal patients — is net of funding from the “provider fee” program, DSH payments, and the private hospital fund.

Benefit	Contribution
Unreimbursed cost of direct medical care for the poor and underserved	
Charity care	3,934,000
Unreimbursed cost of caring for Medi-Cal patients	151,004,000
Medical education	58,386,000
Continuing medical education	232,000
Spiritual support services	264,000
Interpreters	238,000
Community outreach	330,000
Total quantifiable community benefits	\$ 214,388,000